

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency		OMB Control Number _____ - _____	
<i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> Current record New record </div>			
Agency form number (s)			
Annual reporting and recordkeeping hour burden Number of respondents Total annual responses Percent of these responses collected electronically Total annual hours Difference Explanation of difference Program change Adjustment			
	%	%	
Annual reporting and recordkeeping cost burden (in thousands of dollars) Total annualized Capital/Startup costs Total annual costs (O&M) Total annualized cost requested Difference Explanation of difference Program change Adjustment			
Other changes**			
Signature of Senior Official or designee:		Date:	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.